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Sterilization: The N.C. Program
Eugenics Board [1954]

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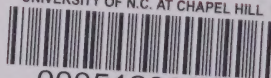


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STERILIZATION --

THE

, NORTH CAROLINA

PROGRAM



PREPARED BY
THE EUGENICS BOARD
OF
NORTH CAROLINA

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STERILIZATION - THE NORTH CAROLINA PROGRAM

This pamphlet has been prepared by the Eugenics Board of North Carolina for the purpose of answering questions most frequently asked about sterilization. These questions relate to the type of operation, its effects, for whom to recommend sterilization, and some of the procedures for working with the patients and their families. It is intended to help the persons administering the program to the extent that they will be able to give the people immediately concerned an understanding of what is involved in the sterilization process and an appreciation of its protection in appropriate situations.

This information supplements rather than takes the place of the Manual of Policies and Procedures of the Eugenics Board. The latter should be followed for legal procedure.

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What is sterilization?

Is sterilization a method for preventing conception?

Yes. It is an accepted method for those who need and desire a permanent rather than a temporary method for preventing conception.

Does it involve surgical procedure?

Yes. The prevention of conception is brought about by the doctor closing a small pair of tubes in either the man or the woman to prevent the meeting of the sperm and the ovum.

Is it the same as castration?

No. Castration involves the removal of the reproductive glands (the testicles in the male, the ovaries in the female). Castration may or may not have undesirable effects, depending on the age of the patient when the operation is performed.

Sterilization does not involve the removal of glands or organs. Since no gland tissue is removed, it should not have any unfavorable effect on the individual's sex life.

How will sterilization affect the individual?

1. Is it a dangerous procedure?

No. It is comparable to an operation for appendicitis. For a woman the usual procedure is to make a small abdominal incision so that the tubes may be cut and tied.

For a man the procedure is to make a short incision on the side of the scrotum so that the spermatic cord can be cut and tied. The incision is made only through skin and is no more dangerous than any other small cut.

2. Will it affect a man's sexual characteristics?

No. The normal sex urges and abilities are not affected.

3. Will it affect a man's general health?

No. It will cause no change, good or bad.

4. Will it produce symptoms of the menopause in a woman?

No. Closing of the tubes does not affect hormone production, the decrease of which causes the menopause.

5. Will it stop menstruation?

No. The closing of the tubes will not disturb the hormone secretion of the glands.

6. Will it affect a woman's sex response?

No. If the fear of pregnancy is removed, a woman's sex response may be more normal.

7. How long will a patient need for recuperation?

A woman usually does not need more than a week.

A man only about one or two days.

8. Can a woman be sterilized at the time her baby is born?

Yes. It is a common procedure when sterilization has been ordered to close the tubes within 48 hours after the baby is born.

Who may be sterilized under the provisions of the Eugenic Sterilization Law of North Carolina?

1. The Eugenic Sterilization Law of North Carolina provides specifically for the sterilization of three types of cases upon authorization of the Eugenic Board. These are the "feeble-minded, epileptic and mentally diseased."

(a) Patients who have one of the three above diagnosis should be considered for sterilization:

(1) When it appears to be in the best interest of the mental, moral, or physical condition of the patient.

(2) When it appears to be for the public good that such individual be sterilized.

- (3) When such individual would be likely unless sterilized to procreate a child or children who would have a tendency to serious physical, mental or nervous disease or deficiency.
- (4) When such individual would be unable to provide adequate guidance, care, and support for a child or children.

e basis for sterilization as provided by the North Carolina law must be distinguished from the operation that a physician may perform which is essential the health of his patient and results in sterilization for therapeutic reasons.

How can sterilization be arranged under the Eugenic Sterilization Law?

How is a legal proceeding instituted?

By filing a petition with the Eugenics Board.

Who is responsible for filing a petition?

(a) For the sterilization of individuals in State penal or charitable institutions, the executive head of the institution is responsible for filing the petition.

- (1) The county superintendent of public welfare may act as petitioner for individuals on parole from a state mental institution.

- (2) The county superintendent of public welfare may act as petitioner for an individual in an institution when authorized to do so by the head of the institution. (In such instances the request should be made in writing by the head of the institution to the county superintendent of public welfare and a copy of the letter sent to the Executive Secretary of the Eugenics Board. This procedure would be followed only when the institution does not have facilities and does not have funds to pay the surgeon's fee or for care in a private hospital.)

- (3) For the sterilization of individuals in county institutions the executive head of the institution or the county superintendent of public welfare is responsible for filing the petition. Usually the county superintendent of public welfare will be the petitioner since it will be necessary for his office to arrange for the medical care in cases where the individual or his family are unable to pay for the operation.

(b) For the sterilization of the non-institutional individual, the county superintendent of public welfare is responsible for filing the petition.

On what is the petitioner's decision, i.e. the decision of the head of an institution or of the county superintendent of public welfare to request sterilization, based?

The petitioner should have a current social history which includes social, mental, physical, and environmental information relating to the individual concerned. In considering these data the petitioner looks for factors that will reveal the individual's fitness for parenthood.

This history should give information such as:

- (a) Evidence that the individual is either "feeble-minded, epileptic, or mentally diseased." This requires a psychological examination which makes a finding of mental deficiency in the case of "feeble-mindedness, a report of a physical examination of a nature to determine the disease of "epilepsy," or a report of a psychiatrist which gives a specific diagnosis of mental illness in the case of "mental disease."
- (b) A report of a physician based on a recent physical examination of the individual concerned which states the general health of the patient, calls attention to any complications that might make the operation of sterilization inadvisable, and gives an opinion as to the possibility of reproduction on the part of the individual.
- (c) The ability of love, care for and support of a child or children—personal characteristics, occupational interests, family and other environmental influences presented in a way that will show the individual's ability to use native capacity and to cope with whatever disabilities he may have.
- (d) The extent to which members of the individual's family are suffering from mental deficiency, mental illness, epilepsy, and other disabilities.
- (e) The result of a conference with the physician who would be the one to sign the petition thereby recommending the operation of sterilization.

Finally the record should give a summarized statement based on the findings of the study clarifying why this operation is thought to be for the best welfare of the individual and the family unit.

The securing of proper consent is an important part of the decision to petition for sterilization.

- (a) The determination of the person's eligibility for sterilization precedes the signing of consent.
- (b) It is assumed that the individual's immediate family or next of kin have taken part in the plan leading to the decision for sterilization. In this case they have had an opportunity to develop confidence in the petitioner and physician and others working with them in this connection. This close working relationship has its value in preparing the relatives to accept the meaning of sterilization as it relates to the particular situation. The signing of consent should be much easier under these circumstances.

4. What is required in the preparation of the petition?

The actual preparation of the petition following the decision to present a petition, including the securing of consent, is a simple process provided the essential information is available through the social history. The information pertinent to the decision to submit the petition should be summarized in Eugenics Form 7, Supplement to the Petition. The diagnosis of either "feeble-minded, epilepsy, or mentally diseased" should be verified by the reports: of a psychologist, a physician who has made a specific examination to determine epilepsy, or a psychiatrist.

The petition is signed by the petitioner and verified by his affidavit.

The final action in executing the petition is taken by the physician as he makes the diagnosis, recommendation, and signs the affidavit of physician. This action of the physician is based on actual knowledge of the case.

5. What is the petitioner's responsibility following the order of the Eugenics Board?

It is the petitioner's responsibility to arrange with the patient, the next of kin, and the surgeon for the operation following the receipt of the order of the Board.

This is the time when the individual and the family face the real test of their decision to go through with the operation. Certain reactions to the anticipated hospital experience are recognized as normal. The petitioner should be prepared to give help at this time and in doing so strive to help the patient distinguish the normal reactions from unrealistic fears and superstitions. If the team composed of the petitioner, the patient and family, and the physician continue to work together, this process will be less complicated.

The petitioner signs the order of the Eugenics Board and gives it to the surgeon who is to perform the operation.

The petitioner makes sure that the surgeon understands the type of operation that is authorized by the Board.

The petitioner reminds the surgeon of his responsibility for signing the order and returning it to the Eugenics Board following the operation.

6. What is the role of the petitioner following sterilization?

1. The petitioner sees that service is continued in keeping with the individual's needs. Some people will be able through the help of the family or friends to make satisfactory arrangements for themselves. Others will continue to need help through the welfare department.
2. Children of the individual sterilized should be given consideration according to their individual needs. This would include medical and psychological examinations as indicated.

